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07/09/2010

WESTERMAN, HATTORI, DANIELS & ADRIAN, LLP 1250 CONNECTICUT AVENUE NW - SUITE 700 WASHINGTON, D.C. 20036

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> > DATE DUE

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/587 040	July 24 2006	Masahiro NAKAMURA	062796	2001

TITLE OF INVENTION: PRODUCTION DESIGN SUPPORT FACILITY, PRODUCTION DESIGN SUPPORT PROGRAM, PRODUCTION DESIGN VERIFICATION DEVICE AND PRODUCTION DESIGN VERIFICATION PROGRAM

APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE |

nonprovisional	NO	\$1510	\$300	\$0	\$1810	10/12/2010	
EXA	MINER	ART UNIT	CLASS-SUBCLASS]			
Sheela	S Rao	2123	700-097000	-			
1. Change of correspondence address or indication of "Fee Address" (37			2. For printing on the patent fron	t page, list			
CFR 1.363).			(1) the names of up to 3 registered patent attorneys		1 Weste	1 Westerman, Hattori,	
☐ Change of correspo	ndence address (c	or Change of Correspondence	or agents OR alternatively				

- Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or :Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.
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- 2. DANIELS & ADRIAN, LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

LEXER RESEARCH INC.

Tottori-shi, Japan

Please check the appropriate assignee category or categories (will not be print	ted on the patent): ☐Individual ☐Corporation or other private group entity ☐Government			
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s): (please first reapply previously paid issue fee shown above)			
Issue Fee Issue Fee	A check in the amount of the fee(s) is enclosed.			
☑ Publication Fee (No small entity discount permitted)	☑ Payment by credit card. Form PTO 2038 is attached.			
Advance Order - # of Copies	☑ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to			
· ———	Deposit Account Number 50-2866 (enclose an extra copy of this form).			
5. Change in Entity Status (from status indicated above)				

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

□ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature	/Robert Y Raheja/	Date	September 20, 2010
_	-		-
Typed or printed name	Robert Y. Raheja	Registration No.	59,274

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